

New York State Birth Certificate Request Form

Name : _____
(First) (Middle) (Last)

Date of Birth _____

Place of Birth (e.g. hospital or residence): _____

Village, Town or City: _____ County: _____

Father: _____
(First) (Middle) (Last)

Mother: _____
(Maiden Name) (First) (Middle) (Last)

Number of Copies Requested: _____ Standard Size _____ Wallet Size

Birth Certificate # if known: _____ Local Register # if known: _____

Purpose For Which Record Is Required (check one):

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Social Security
<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces	
<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Other (specify) _____		

Describe your relationship to the person whose record is required (if self, state "self"): _____

If attorney, name and relationship of your client to persons whose record is required:

Client: _____ Relationship: _____

This office requires written authorization of the person/parents whose record is requested before a search is processed.

Signature of Applicant: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Please PRINT name and address where record should be sent:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____



CITY OF WATERTOWN STATE OF NEW YORK

New York State Birth Certificate Request Form

Only money orders are accepted through the mail. Copy of photo I.D. must accompany signed request.

Fee: \$10.00

SUBMIT REQUEST TO:

City Clerk's Office
245 Washington Street, Room 101
Watertown, NY 13601

PLEASE NOTE:

Certificates may be paid for by credit card and will be mailed the same day. Credit card orders require a faxed photo I.D. with signed request and credit card # and expiration date. Fax # is (315) 785-7796.

Fee: \$16.00